



## General

#### **Title**

Pediatrics: percentage of children with a dental health discussion by the 15 month well child visit and/or a referral to a dentist.

## Source(s)

Chen AY, Schrager SM, Mangione-Smith R. Quality measures for primary care of complex pediatric patients. Pediatrics. 2012 Mar;129(3):433-45. PubMed

#### Measure Domain

#### Primary Measure Domain

Clinical Quality Measures: Process

# Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

# Description

This measure is used to assess the percentage of children with a dental health discussion by the 15 month well child visit and/or a referral to a dentist.

#### Rationale

A well-recognized gap exists in assessing and improving the quality of care for United States (U.S.) children. Research findings across various diseases, patient populations, and clinical settings suggest that the quality chasm is pervasive; moreover, concerns regarding the ineffectiveness of traditional models of care are also mounting, particularly for patients with complex medical problems and/or multiple chronic conditions. The Agency for Healthcare Research and Quality has defined complex patients as persons with 2 or more active chronic conditions.

Children with multiple conditions and/or special health care needs are often managed by several providers, including generalists, specialists, and other health professionals. The chronic and complex

nature of these conditions, coupled with fragmented interaction and communication across multiple providers, can lead to inconsistent and poorly managed care.

The "patient-centered medical home" (PCMH), defined by the American Academy of Pediatrics (AAP) and other primary care professional organizations as accessible, continuous, comprehensive, family-centered, coordinated, compassionate, culturally effective care, has been adopted as a promising care model for all patients; it is a particularly excellent care model for children with complex conditions and special health care needs. The PCMH is a primary care setting that facilitates partnerships between patients (patients' families) and their physicians. Chen et al (2012) examined evidence for primary care based on the patient- centered medical home model and identified valid and meaningful quality measures for use in complex pediatric patients.

#### Evidence for Rationale

Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. JAMA. 2002 Oct 9;288(14):1775-9. PubMed

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Schuster MA, McGlynn EA, Brook RH. How good is the quality of health care in the United States. Milbank Q. 1998;76(4):517-63, 509. [75 references] PubMed

Special emphasis notice: AHRQ announces interest in career development (K) grants focused on prevention and healthcare management of complex patients. Notice number: NOT-HS-08-004. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007 Dec 14 [accessed 2008 Oct 06].

#### Primary Health Components

Well child visit; dental health; referral to dentist; children

#### **Denominator Description**

Number of children under 15 months of age

# **Numerator Description**

Number of children with a dental health discussion OR a referral to a dentist (see the related "Numerator Inclusions/Exclusions" field)

# Evidence Supporting the Measure

# Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

# Additional Information Supporting Need for the Measure

- There is broad consensus on the emerging need to provide patient- and family-centered care; for example, researchers have noted with concern the rarity with which patient and family perspectives are considered valid evidence to inform quality measures or guidelines, and the American Academy of Pediatrics (AAP) has explicitly urged pediatricians to establish partnerships with families of medically complex children in planning and executing care.
- Chronic diseases represent perhaps the largest burden on our health care system today. Unlike care

for acute illnesses, which is usually contained in a finite number of visits, medical care for chronic illnesses is a long-term process that requires multifaceted care. Wagner and colleagues commented that the needs of patients with chronic illnesses are unlikely to be met by an acute care system.

- Coordination of care is also an important component of care for clinically complex patients. A recent Commonwealth Fund report suggested a "roadmap" for coordination of care, advocating that it should be proactive, planned, comprehensive, support/rely on team care, and jointly developed (with patient/family) to ensure effective communication and collaboration.
- For chronically ill children, another facet of care involves prevention and health maintenance.

#### Evidence for Additional Information Supporting Need for the Measure

Antonelli R, McAllister J, Popp J. Making care coordination a critical component of the pediatric health system: a multidisciplinary framework. New York (NY): The Commonwealth Fund; 2009.

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Krahn M, Naglie G. The next step in guideline development: incorporating patient preferences. JAMA. 2008 Jul 23;300(4):436-8. PubMed

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# **Extent of Measure Testing**

Unspecified

# State of Use of the Measure

#### State of Use

Current routine use

#### Current Use

# Application of the Measure in its Current Use

#### Measurement Setting

Ambulatory/Office-based Care

Patient-centered Medical Homes

## Professionals Involved in Delivery of Health Services

not defined yet

#### Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

#### Statement of Acceptable Minimum Sample Size

Unspecified

#### **Target Population Age**

Age less than 15 months

# **Target Population Gender**

Either male or female

# National Strategy for Quality Improvement in Health Care

# National Quality Strategy Aim

Better Care

# National Quality Strategy Priority

Health and Well-being of Communities Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### **IOM Care Need**

Staying Healthy

#### **IOM Domain**

Effectiveness

### Data Collection for the Measure

### Case Finding Period

Unspecified

#### **Denominator Sampling Frame**

Patients associated with provider

## Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

#### **Denominator Time Window**

not defined yet

# Denominator Inclusions/Exclusions

Inclusions

Number of children under 15 months of age

Exclusions

Unspecified

# Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

Inclusions

Number of children with a dental health discussion\* OR a referral to a dentist

Exclusions

Unspecified

# Numerator Search Strategy

<sup>\*</sup>Operationalized as timing of visiting a dentist or instructions on brushing or flossing.

#### **Data Source**

Administrative clinical data

Electronic health/medical record

Paper medical record

#### Type of Health State

Does not apply to this measure

#### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

#### Scoring

Rate/Proportion

# Interpretation of Score

Desired value is a higher score

# Allowance for Patient or Population Factors

not defined yet

# Standard of Comparison

not defined yet

# **Identifying Information**

# **Original Title**

The primary care team should document a discussion with parents about the child's dental health and/or referral to a dentist by the 15 month well child visit.

#### Measure Collection Name

Quality Measures for Primary Care of Complex Pediatric Patients

#### Measure Set Name

Primary Care

#### Submitter

Chen, Alex, MD, MS; Schrager, Sheree, MS, PhD; Mangione-Smith, Rita, MD, MPH - Independent Author(s)

## Developer

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# Composition of the Group that Developed the Measure

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# Financial Disclosures/Other Potential Conflicts of Interest

The authors have indicated they have no financial relationships relevant to this article to disclose.

# Adaptation

This measure was not adapted from another source.

# Date of Most Current Version in NQMC

2012 Mar

#### Measure Maintenance

Unspecified

# Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in October 2015.

#### Measure Availability

Source available from the American Academy of Pediatrics (AAP) Web site

For more information, contact Alex Chen, MD, MS, at AltaMed Health Services, 2040 Camfield Ave, Los Angeles, CA 90040; Phone: 562-659-2821; E-mail: alexchen y@yahoo.com

#### **NQMC Status**

This NQMC summary was completed by ECRI Institute on July 8, 2013. The information was verified by the measure developer on July 29, 2013.

The information was reaffirmed by the measure developer on October 16, 2015.

#### Copyright Statement

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## **Production**

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# Disclaimer

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